MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/ 590711**

FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.	Claim	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.
1	/						51						
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TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	25	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			27				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)